

Subject: Patient Choice	Submission Date: 05/10/2010
Implementation Date: TBD	Scheduled Review Date: TBD

Brief Definition: The patient choice policy describes a patient's choice as to whether or not to make his or her health information available through the HIE.

Background and Purpose: The purpose of the patient choice policy is to describe how patients are able to opt-out of the HIE and what it means when a patient's health information is included or excluded from the HIE.

Responsibility: The HIE and its participating providers will have responsibilities related to patient choice. The HIE will make this policy known through participant outreach and education.

Policy: Participation by individuals in the CRISP HIE is governed by an opt-out policy. This means that all patients are automatically enrolled in the HIE, and no action needs to be taken for a patient who wants to allow authorized HIE providers to share health information. Patients who do not want their health information available through the HIE must opt-out, either through the CRISP website, by completing a paper form that can be obtained from participating providers, or by requesting a paper form by calling a toll-free number.

If a patient chooses to opt-out of the HIE, that patient's health information will not be generally available through the HIE in response to queries (i.e. specific requests by a participating provider for health information about the individual available through the HIE from other participating providers). Information normally distributed from data sources such as clinical laboratories to participating providers that can be routed through the HIE will continue to be available as to patients who opt-out, as will information available from the HIE that is required to be disclosed by applicable law. The HIE will also maintain basic demographic information necessary to record a patient's choice status.

A patient who has opted out may opt back into the HIE at any time, and all of that patient's historical will then be made available through the HIE.

A patient may not opt-out of disclosures required by law to be made by the HIE.

Procedure:

Participate in HIE

1. No action is needed if a patient wishes to participate in the HIE.

Opt-out of HIE

1. A patient can opt-out of the HIE in a number of ways.

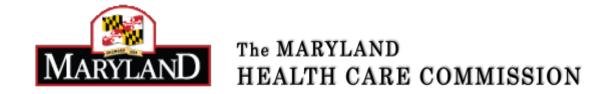


- a. Patient completes and submits the opt-out form on CRISP's website.
- b. Patient obtains a paper form from his or her participating provider and opts out at provider site.
- c. Patient calls a toll-free number and requests a paper form. CRISP will mail a form to the patient to complete and return to CRISP.
- 2. CRISP will send a letter to the patient's home address acknowledging his or her opt-out status.
- 3. CRISP will ensure no protected health information for that patient is available through the HIE.

Opting back into the HIE

- 1. A patient may revoke his or her opt-out status by completing a form through the CRISP website or by mailing a letter of request. All letters must include the patient's name, date of birth, sex, address, and original signature.
- 2. Before opting a patient back in, CRISP will contact the patient with the phone number on file to verify the patient's identity.
- 3. The patient will then be opted back into the HIE, and the patient's health data will be made available through the HIE.
- 4. CRISP will send a letter to the patient acknowledging his or her revocation of opt-out status.

NOTE: Parents or guardians may establish choice status for patients under the age of 18, or for other patients under legal guardianship, by providing proof of guardianship papers (i.e.: birth certificate, legal guardianship papers, etc.).



Subject: Sensitive Health Information	Submission Date: 05/10/2010
Implementation Date: TBD	Scheduled Review Date: TBD

Brief Definition: The sensitive health information policy describes how CRISP handles sensitive health information, including mental health, substance abuse, sexual transmitted infection (STI) test results, and HIV test results.

Background and Purpose: The purpose of the sensitive health information policy is to describe which types of patient information the HIE will include, and which types of information are universally excluded from the HIE, regardless of a patient's choice status. Certain types of information which are subject to special restrictions or conditions on use or disclosure under applicable law, which may include mental health, substance abuse, STI test results, and HIV test results (depending on applicable law) will not be made available through the HIE For this reason, CRISP will use best efforts to exclude this type of information from the HIE by requiring participating providers not to provide sensitive information.

Responsibility: The HIE will require its participating providers to comply with policies related to sensitive health information where applicable law limits or conditions disclosures.

Policy: CRISP will use best efforts to exclude sensitive information from being available through the HIE in accordance with applicable law by requiring participating providers to exclude that data from the information made available to the exchange.



Subject: Notification of Breach	Submission Date: 05/10/2010
Implementation Date: TBD	Scheduled Review Date: TBD

Brief Definition: The notification of breach policy describes when CRISP will notify patients in the event there is a breach of their personal health information.

Background and Purpose: CRISP is committed to the protection of each patient's health information. CRISP will comply with applicable laws relating to the privacy and security of patient information for which it is legally responsible. Generally this information consists of information that is maintained in the HIE's master patient index (MPI), the registry maintained by CRISP, and information in transit through the HIE. There is always the potential for rare, isolated circumstances in which the privacy or security of a patient's health information for which the HIE is responsible is breached. CRISP's notification of breach policy will ensure that effected patients are made aware in a timely manner when breaches occur and to the extent possible actions will be taken to mitigate potential damage, as required by applicable law. CRISP will comply with the applicable law and, by contract, require its contractors that host CRISP core technology or otherwise access or maintain covered patient information on behalf of CRISP, to also do so.

Responsibility: The HIE and its participating providers will have responsibilities related to notification of individuals in the event of a breach. The HIE will make this policy known through participant outreach and education.

Policy: If CRISP is the source of the breach, the patient whose information is compromised will be informed of the breach so that he or she can take necessary precautions. Further, CRISP will take steps to minimize and/or rectify the extent of the harm caused.

If CRISP identifies a participating provider as the source of the breach, CRISP will promptly notify that provider and monitor the participating provider to ensure it is in compliance with its agreement with CRISP.



Subject: Patient Access to Audit	Submission Date: 05/10/2010
Information	
Implementation Date: TBD	Scheduled Review Date: TBD

Brief Definition: The patient access to audit information policy describes a patient's right to obtain a record of who has queried his or her health information.

Background and Purpose: The purpose of the patient access to audit information policy is to establish how patients may request and receive records of who has queried their health information through the HIE.

Responsibility: The HIE will have responsibilities related to patient access to audit information recorded by CRISP as a part of its normal auditing functions, i.e. to information about which participating provider queried the HIE as to the individual. Audit information will not include information about subscription information distributed through the HIE or information required to be disclosed by the HIE under applicable law. To the extent applicable law governs patient access rights, CRISP will comply with applicable law and will require, by contract, that its participating providers and contractors that maintain patient information subject to audit to comply as well. The HIE will make this policy known through participant outreach and education.

Policy: Patients may request one free copy per year of who has accessed their protected health information through the HIE by sending a letter of request to CRISP. Additional annual requests will be fulfilled at a fee. The letter of request must include the patient's name, date of birth, sex, address, phone number, SSN, original signature, along with a copy of the patient's government-issued ID. CRISP will provide access information to patients for the last six months.



Subject: Data Use and Disclosure	Submission Date: 05/10/2010
Implementation Date: TBD	Scheduled Review Date: TBD

Brief Definition: The data use and disclosure policy describes the purposes for which CRISP may disclose health information.

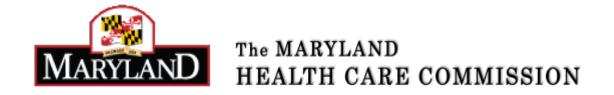
Background and Purpose: The purpose of the data use and disclosure policy is to establish permitted disclosures of health information by the HIE.

Responsibility: The HIE and its participating providers will have responsibilities related to data use and disclosure. To the extent restrictions or protocols relating to data use and disclosure are required by applicable law, CRISP will comply with the applicable law and require those of its contractors that host CRISP core technology or otherwise access or maintain patient information subject to use and disclosure requirements on behalf of CRISP, by contract, to also do so. Participating providers will be required, by contract, to comply with applicable law as to restrictions on use and disclosure.

The separate CRISP policy on sensitive information governs as to restrictions on use and disclosure of sensitive information, as defined in that Policy.

The HIE will make this policy known through participant outreach and education.

Policy: HIE information will initially be shared for treatment or public reporting purposes among participating providers. One example is the sharing of patient health information between clinicians for treatment purposes, in accordance with applicable federal or state laws. Another example is the sharing of certain types of information with for public purposes where required by law, such as with public health officials to help with managing disease outbreaks. CRISP will not disclose health information to unauthorized third parties. Health information is not available from CRISP or, by contract, its contractors for marketing or any other commercial purposes. Participating providers will be required, by contract, to comply with applicable laws.



Subject: Complaints	Submission Date: 05/10/2010
Implementation Date: TBD	Scheduled Review Date: TBD

Brief Definition: The complaints policy describes the process for patients to communicate any complaints to CRISP.

Background and Purpose: It is important to have a way for patients to provide feedback to CRISP and to have their concerns addressed in a timely manner. The purpose of this policy is to establish a transparent and easy way for patients to voice complaints and/or concerns and a way for CRISP to address those concerns.

Responsibility: The HIE and its participating providers will have responsibilities related to patient complaints. The HIE will make this policy known through participant outreach and education.

Policy: CRISP may receive complaints and/or concerns through either the patient help line or the CRISP website. Patients are encouraged but not required to include contact information with all complaints so that CRISP can follow up with appropriate questions and communications if necessary. CRISP will make reasonable efforts to address patient concerns and provide feedback on actions taken, when appropriate and/or to refer the compliant to a CRISP contractor or a participating provider, if the contractor or participating provider is the source of the compliant, and to monitor or facilitate the contractor's response or to monitor the participating providers response.

The following applies to all CRISP policies described in this document and generally to all policies implemented by CRISP. CRISP reserves the right to amend any policy at any time by posting a copy of the changes on the CRISP website. Any changes will be posted at least ten (10) days before they go into effect. Changes that have a significant effect on a majority of patients will also be publicized through CRISP outreach and education means deemed appropriate by CRISP (ex: distributing materials to patients). At all times, the current policies posted on the CRISP website will be the policies that govern the HIE. These policies in no way create contractual rights between CRISP and any individual or group of individuals.